



LINCOLN POLICE DEPARTMENT
575 South 10th Street Lincoln, NE 68508
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

August 1, 2013

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of Tanner's Bar & Grill, 8600 South 30th Street requesting a class I liquor license.

Brett Clure has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:

Brett Clure was born in Omaha, Nebraska. He graduated from the Texas Christian University in 2002.

Brett Clure employment history is as follows:

2005 - Present	Cizek Group Books	Omaha, NE.
2009 - Present	Self employed	

The applicant has a 2010 DUI arrest and numerous traffic violations.

Stockholders also have violations ranging from DUI to traffic.

Brett Clure currently is an approved manager / owner of two liquor licenses in the State of Nebraska.

The applicant has been informed about the required training.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATIONTrade Name (doing business as) Tanner's Bar & GrillStreet Address #1 8600 South 30th Street, Suites B1, B2, B3

Street Address #2 _____

City Lincoln County Lancaster Zip Code 68516Premise Telephone number to be provided later E-mail _____Is this location inside the city/village corporate limits: ☒ YES ☐ NO

Mailing address (where you want to receive mail from the Commission)

Name Brett ClureStreet Address #1 15505 Ruggles, Ste. #106

Street Address #2 _____

City Omaha State NE Zip Code 68116**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED****READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length _____ feet

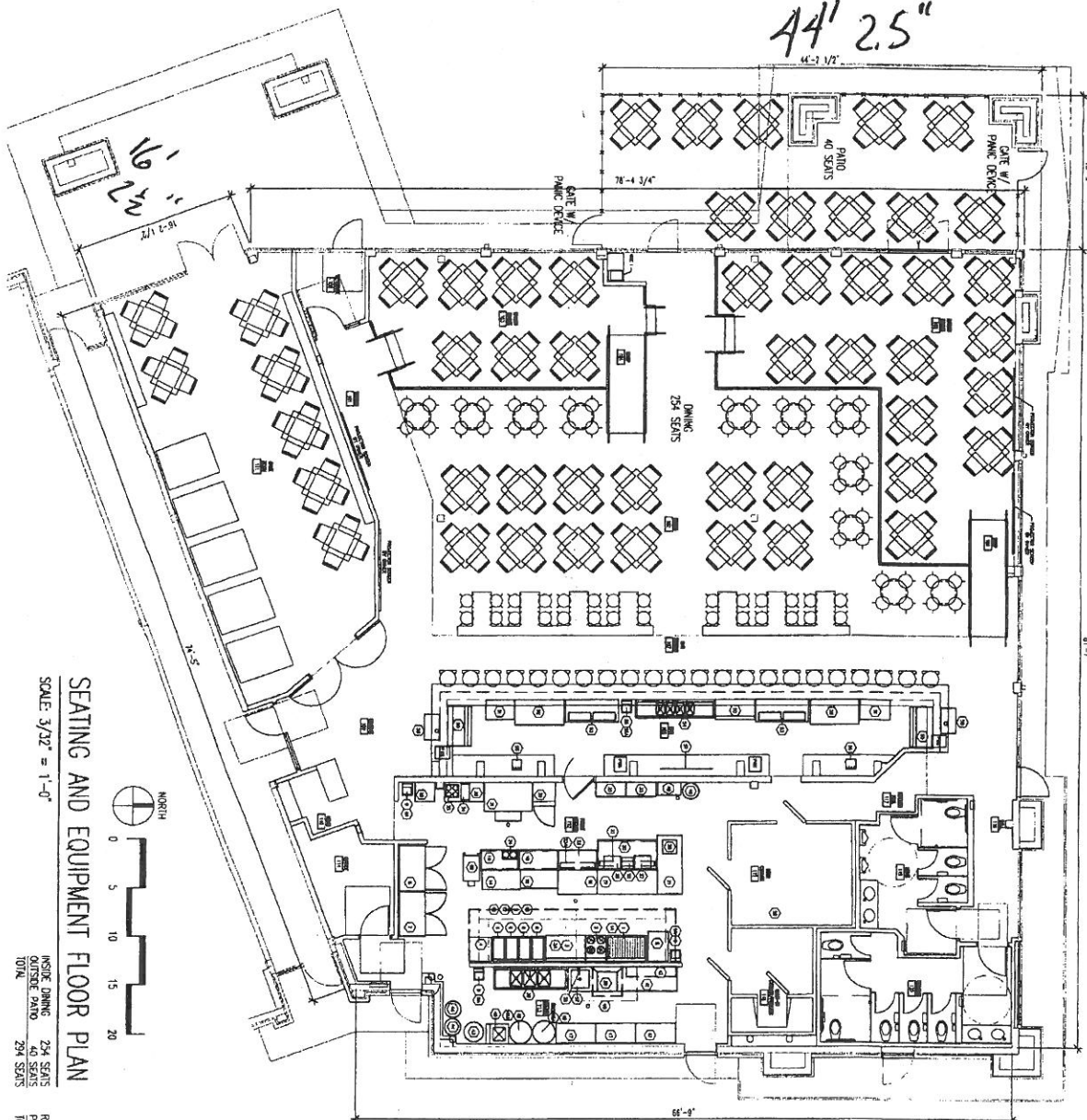
Width _____ feet

Is there a basement? Yes ☐ No ☐

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET

Please see attached map.

1300017015



SEATING AND EQUIPMENT FLOOR PLAN

SCALE: 3/32" = 1'-0"

INSIDE DINING	294 SEATS
OUTSIDE PATIO	40 SEATS
TOTAL	294 SEATS

RESTAURANT AREA	6594 SQ. FT.
PATIO AREA	621 SQ. FT.
TOTAL AREA	7175 SQ. FT.

TANNER'S BAR AND GRILL
8600 SOUTH 30TH STREET
SUITES B-1, B-2 & B-3
LINCOLN, NEBRASKA

APPLICANT INFORMATION**1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Brett Clure	03/2010	Omaha, NE	DUI	1 Year Probation
Vern Goff	09/1999	Lincoln, NE	DUI	1 Year Probation
Vern Goff	09/2011	Omaha, NE	DUI - 1st	9 Months Probation

2. Are you buying the business of a current retail liquor license?

☐ YES ☒ NO

If yes, give name of business and liquor license number _____

a) Submit a copy of the sales agreement

b) Include a list of alcohol being purchased, list the name brand, container size and how many

c) Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as liquor licensed business within the last two (2) years?

☐ YES ☒ NO

If yes, give name and license number _____

4. Are you filing a temporary operating permit to operate during the application process?

☐ YES ☒ NO

If yes:

a) Attach temporary operating permit (T.O.P.) (form 125)

b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☒ YES ☐ NO

If yes, list the lender(s) Enterprise Bank

**APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a**

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

COMMISSION

Officers, directors and stockholders holding over 25% shares of stock, including spouses, are required to adhere to the following requirements:

- 1) All officers, directors and stockholders must be listed
- 2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Officers, directors and stockholders holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Aimee Cizek

Name of Corporation that will hold license as listed on the Articles

Hooks Lincoln, Inc

Corporation Address: 1111 N. 102nd Court, Suite 330

City: Omaha State: NE Zip Code: 68114

Corporation Phone Number: 402-884-5100 Fax Number: _____

Total Number of Corporation Shares Issued: 1000

Name and notarized signature of President/CEO (Information of president must be listed on following page)

Last Name: Clure First Name: Brett MI: C

Home Address: 15916 Mary Street. City: Omaha

State: NE Zip Code: 68116 Home Phone Number: 402-871-3168

Brett Clure

Signature of President/CEO

ACKNOWLEDGEMENT

State of Nebraska

County of Douglas

Date July 9, 2013

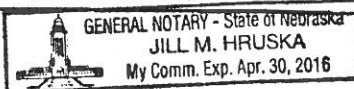
Signature of Notary Public Jill M. Hruska

The foregoing instrument was acknowledged before me this

by Brett C Clure

name of person acknowledge

Affix Seal



List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted)

Last Name: Clure First Name: Brett MI: C

Social Security Number: _____ Date of Birth: _____

Title: President Number of Shares 372

Spouse Full Name (indicate N/A if single): Meagan Clure

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Geissinger First Name: Brent MI: C *

Social Security Number: _____ Date of Birth: _____

Title: Shareholder Number of Shares 160

Spouse Full Name (indicate N/A if single): Megan Geissinger

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Kelley First Name: Pat MI: L *

Social Security Number: _____ Date of Birth: _____

Title: Shareholder Number of Shares 50

Spouse Full Name (indicate N/A if single): Carol Kelley

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Forney First Name: Andrew MI: _____ *

Social Security Number: _____ Date of Birth: _____

Title: Shareholder Number of Shares 119

Spouse Full Name (indicate N/A if single): Leigh Ann Forney

Spouse Social Security Number: - - - Date of Birth: _____

List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: Goff First Name: Vernon MI: L

Social Security Number: _____ Date of Birth: _____

Title: Shareholder Number of Shares 100

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Crown Crom First Name: Nicholas MI: _____

Social Security Number: _____ Date of Birth: _____

Title: Shareholder Number of Shares 40

Spouse Full Name (indicate N/A if single): Stacey Crown Crom

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Wickham First Name: Cody MI: A

Social Security Number: _____ Date of Birth: _____

Title: Shareholder Number of Shares 109

Spouse Full Name (indicate N/A if single): Claudia Wickham

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Clure First Name: Matthew MI: W

Social Security Number: _____ Date of Birth: _____

Title: Shareholder Number of Shares 50

Spouse Full Name (indicate N/A if single): Carrie Clure

Spouse Social Security Number: _____ Date of Birth: _____

CLERK OF DISTRICT COURT

NEBRASKA www.dmv.ne.gov
USA NE


OPERATOR'S LICENSE

4d License No. 4e ISS 03-08-2013

3 DOB 4b EXI

9a End NONE 9 Class ☒



12 Rest. NONE

15 Sex M 16 Hgt 510 17 Wgt 180 18 Hair 

18 Eyes BLU

1 ANDREW D FORNEY
2 2723 N 175TH AVE
3 OMAHA, NE 68116

5 DD 0540000110200000

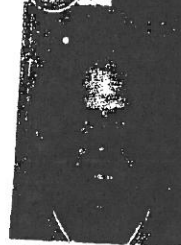
As



NEBRASKA

www.dmv.ne.gov
USA NE

OPERATORS LICENSE



Cody Wickham

4d License No. [REDACTED]
3 DOB [REDACTED]
9a End NONE
12 Rest. B
15 Sex M
16 Hgt 605
18 Eyes BLU
1 CODY A WICKHAM
8 6520 N 16TH ST
OMAHA, NE 68116

4a ISS 04-22-2013

4b E

9 Class O

17 Wgt 230
19 Hair BRN



5 DD 8540000078000000

DONOR



NEBRASKA www.dmv.ne.gov
USA NE

OPERATORS LICENSE

4d License No.

4e ISS: 06-11-2013

3 DOB

4b EX

9a End NONE

9 Class O

12 Rest NONE

15 Sex M

16 Hgt 510

17 Wgt 205

18 Eyes GRN

19 Hair BLK

1 PAT KELLEY

8 1841 N 130TH CIR

OMAHA, NE 68154

5 DD 85400000-1200000

DONOR



Pat Kelley

NEBRASKA www.dmv.ne.gov
USA NE

OPERATORS LICENSE

1a ISS 03-04-2010

4a License No. 1

3 DOB

9a End NONE

12 Rest. B

15 Sex M 16 Hgt 601

18 Eyes BRO

1 BRETT C CLURE

8 550 WATERLOO DR
WATERLOO, NE 68068

5 DD 000000000000000000

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Brett Clure

NEBRASKA www.dmv.ne.gov
USA NE

OPERATORS LICENSE

1a ISS 03-17-2012

4a License No. 1

3 DOB

9a End NONE

12 Rest. B

15 Sex M 16 Hgt 511

18 Eyes HAZ

1 BRENT C GESSINGER

8 828 S 184 ST
ELKHORN, NE 68022

5 DD 000000000000000000

181

Brent Gessinger

NEBRASKA www.dmv.ne.gov
USA NE

OPERATORS LICENSE

1a ISS 12-12-2012

4a License No. 1

3 DOB

9a End NONE

12 Rest. B

15 Sex M 16 Hgt 600

18 Eyes BRO

1 VERNON L GOFF JR

8 130 N VASS ST
VALLEY, NE 68064

5 DD 000000000000000000

181

Vernon L Goff Jr

Card number 123456789

NEBRASKA www.nebraska.gov
OPERATOR USA, NE

14 License No. [REDACTED] 15 Exp. 03-07-2012

3 DOB [REDACTED] 7 Alt. EXP [REDACTED]

6a End NONE 9 Class NONE

12 Front NONE

13 Sex M 16 Hgt 500 17 Wgt [REDACTED]

18 Eyes BLU 19 Hair [REDACTED]

NICHOLS, JEROM
4218 N 15TH ST
OMAHA, NE 68116

[Signature]

NEIRASKA
GENERATORS LICENSE

MATTHEW
EYES BRO
WILL

Manager's information must be completed below PLEASE PRINT CLEARLY

Gender: ☒ MALE ☐ FEMALE

Last Name: Clure First Name: Brett MI: C

Home Address (include PO Box if applicable): 15916 Mary Street

City: Omaha County: Douglas Zip Code: 68116

Home Phone Number: 402-871-3168 Business Phone Number: 402-871-3168

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Omaha, NE

Are you married? If yes, complete spouse's information (Even if a spousal affidavit has been submitted)

☒ YES ☐ NO

Spouse's information

Spouses Last Name: Clure First Name: Meagan MI: M

Social Security Number: _____ Drivers License Number & State: _____

Date Of Birth: _____ Place Of Birth: Onawa, IA

APPLICANT & SPOUSE MUST LIST RESIDENCE(S) FOR THE PAST TEN (10) YEARS

APPLICANT

SPOUSE

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Omaha, NE	'03	Present	Omaha, NE	'10	Present
			Des Moines, IA	'03	'10

MANAGER'S LAST TWO EMPLOYERS

YEAR FROM TO		NAME OF EMPLOYER	NAME OF SUPERVISOR	TELEPHONE NUMBER
'06	'10			
'10	present	Tanner's	Self	402-884-5100

1. **READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY. Must be completed by both applicant and spouse, unless spouse has filed an affidavit of non-participation.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law, a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☒ YES ☐ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition
Brett Clure	03/2010	Omaha, NE	DUI	1 Year Probation

2. Have you or your spouse ever been approved or made application for a liquor license in Nebraska or any other state? ☒ YES ☐ NO

IF YES, list the name of the premise.

Tanner's Bar & Grill

3. Do you, as a manager, qualify under Nebraska Liquor Control Act (§53-131.01) and do you intend to supervise, in person, the management of the business? ☒ YES ☐ NO

4. Have you enclosed the required fingerprint cards and **PROPER FEES** with this application? (Check or money order made payable to the Nebraska State Patrol for \$38.00 per person)

☒ YES ☐ NO

5. List any alcohol related training and/or experience (when and where).

Tanner's Bar & Grill (2010-2013)

NAME DOUGLAS, MARY		SEX F		RACE W		DATE OF BIRTH 12-1-1926		COUNTY OF BIRTH DOUGLAS		HOUR 8:52A	
ADDRESS 6552 Case Street Omaha		CITY AND STATE OF BIRTH Omaha Nebraska		DATE RECEIVED BY REGISTRAR SEP 13 1978		SIGNATURE OF REGISTRAR <i>[Signature]</i>		SIGNATURE OF ATTENDANT <i>[Signature]</i>		SIGNATURE OF PHYSICIAN <i>[Signature]</i>	
AGE (at birth) 51		SEX F		RACE W		DATE OF BIRTH 12-1-1926		COUNTY OF BIRTH DOUGLAS		HOUR 8:52A	
ADDRESS 6552 Case Street Omaha		CITY AND STATE OF BIRTH Omaha Nebraska		DATE RECEIVED BY REGISTRAR SEP 13 1978		SIGNATURE OF REGISTRAR <i>[Signature]</i>		SIGNATURE OF ATTENDANT <i>[Signature]</i>		SIGNATURE OF PHYSICIAN <i>[Signature]</i>	

RECEIVED
 HEALTH DEPARTMENT
 COUNTY OF DOUGLAS